

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		10-23-99
O.P.E. CLASSIFIER		8	10-28-99
FORMALITY REVIEW	SB	#00033	11-8-99

# INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 \_\_\_\_\_ Allowed  
 (Through numeral) Canceled  
 + \_\_\_\_\_ Restricted  
 N \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

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If more than 150 claims or 10 actions  
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Best Available Copy